

## APPENDIX A – 834 CODE VALUES

### A. 834 Aid Category List

Please note: Not all of these aid categories are ones that are eligible for RCO assignment but, because the 834 will contain two years of eligibility history, it is possible that some of the following may be received in the 834. Therefore a comprehensive list has been provided.

CDE_AID_CATEGORY	DSC_AID_CATEGORY
10	Aged-DHR-full Medicaid coverage
11	Aged-SSI-full Medicaid coverage
12	Aged-DHR-SLIMB+full Mcaid / Mcare coins/deduct Mca
13	Aged-SSI-SLIMB+full Mcaid / Mcare coins/deduct Mca
14	Aged-DHR-QMB Plus-full Medicaid with QMB
15	Aged-SSI-QMB Plus-full Medicaid with QMB
16	Aged-D.O.-No Money-full Medicaid coverage
17	Aged-D.O.-No Money-QMB Plus-full Medicaid with QMB
18	Aged-DO-No\$-SLIMB-full Caid/Care coins/deduct Caid
19	Reserved for future use
1A	Reserved for future use
1B	Reserved for future use
1C	Aged-DHR-No Money-full Medicaid
1D	Aged-DHR-No\$-SLIMB+full Caid/Care coins/ded Caid
1E	Aged-DHR w/ QMB+No\$(full Mcaid with QMB Plus)
20	Blind-DHR-full Medicaid coverage
21	Blind-SSI-full Medicaid coverage
22	Blind-DHR SLIMB full Mcaid/Mcare coins/deduct Mcai
23	Blind SSI SLIMB-full Caid/Care coins/deduct Caid o
24	Blind-DHR-full Medicaid with QMB Plus
25	Blind-SSI-full Medicaid with QMB Plus
26	Blind-D.O. with No Money-full Medicaid coverage
27	Blind-D.O.-No Money-full Medicaid with QMB Plus
28	Blind DO SLIMB-No\$-full Caid/Care coins/ded Caid o
29	Blind-SSI Cont Eligible-No\$-full Medicaid coverage
2A	Blind-SSI Cont Eligible-No\$-full Medicaid w/ QMB+
2B	Blind-Cont Elig-SLIMB-No\$-full Caid/Care coins/ded
2C	Blind-DHR-No Money-full Medicaid coverage
2D	Blind-DHR SLMB-No\$-full Caid/Care coins/ded Caid o
2E	Blind-DHR-No Money-full Medicaid with QMB Plus
30	MLIF-Child-full Medicaid coverage
31	MLIF-Child-full Medicaid with QMB Plus
32	MLIF-Child with No Money-full Medicaid coverage
33	MLIF-Child-No Money-full Medicaid with QMB Plus
34	MLIF-Adult-full Medicaid coverage
35	MLIF-Adult-full Medicaid with QMB Plus
36	MLIF-Adult-No Money-full Medicaid coverage
37	MLIF-Adult-No Money-full Medicaid with QMB Plus
38	MLIF-Adult-No Money-full Medicaid coverage
39	MLIF-Child-No Money-full Medicaid coverage
3A	Breast and Cervical CA with full Medicaid coverage
3B	Obsolete
3C	MLIF-Adult with no Money-full Medicaid w/QMB Plus
3D	MLIF-Child with No Money-full Medicaid w/QMB Plus
3E	MLIF-SLIMB Child-No\$-full Caid/Care coins/deduc Ca

3F MLIF-SLIMB Adult-No\$-full Caid/Care coins/deduc Ca  
3G Transitional Medicaid-Adults- Full Medicaid  
3H Transitional Medicaid-Adult-Full Caid w/ QMB Plus  
3J Transitional Medicaid-Child- Full Medicaid  
3K Transitional Medicaid-Child Full Caid with QMB Pl  
3L Trans Adult SLIMB-full Caid/Care coins/deduct Caid  
3M Trans Child SLIMB-full Caid/Care coins/deduct Caid  
40 Disabled-DHR-full Medicaid coverage  
41 Disabled-SSI-full Medicaid coverage  
42 Disabled-DHR w/ SLIMB-full Caid/Care coins/deduc C  
43 Disabled-SSI w/ SLIMB-full Caid/Care coins/deduc C  
44 Disabled-DHR-full Medicaid with QMB Plus  
45 Disabled-SSI-full Medicaid with QMB Plus  
46 Disabled-D.O. No Money-full Medicaid coverage  
47 Disabled-DO No Money-full Medicaid with QMB Plus  
48 Disabled-SLIMB-DO No\$-full Caid/Care coins/deduc C  
49 Disabled-Cont SSI Eligible Only-No Money-full Caid  
4A Disabled-Cont SSI Eligible-QMB+-No\$-full Caid w/ Q  
4B Disabled-Cont SSI Elig-SLIMB-No\$-full Caid/Care co  
4C Disabled-DHR-No Money-full Medicaid coverage  
4D Disabled-DHR w/SLIMB-No\$-full Caid/Care coins/dedu  
4E Disabled-DHR-No Money-full Medicaid w/ QMB+  
4L AIDS/HIV Waiver-SLMB-full Caid/Care coins/deduc Ca  
4Q AIDS/HIV Waiver-full Medicaid with QMB Plus  
4W AIDS/HIV Waiver-full Medicaid coverage  
50 PlanFirst/FamPlanSrv Women19-55/Men>= 21 Vasectomy  
51 SOBRA Child(KM)-No\$ (<100% FPL)-full Caid coverage  
52 SOBRA Child(KB)-No\$ <133% FPL)-full Caid coverage  
53 SOBRA Child (Unborn)-No Money-full Medicaid covera  
54 SOBRA Child(Newborn)-No Money-full Caid coverage  
55 SOBRA Child-Pregnant-No Money-full Caid coverage  
56 SOBRA Child(KM)-No\$-full Caid coverage w/ QMB+  
57 SOBRA Child(KB) QMB+No\$ full Caid coverage w/ QMB+  
58 PregNonCtzn EmrgSrv+Delv - end month 60th pp  
59 SOBRA Child(Pregnant) No\$ full Caid w/ QMB+  
5A SOBRA Womn full Mcaid-end of month 60th pospart  
5B SOBRA Wmn full Caid +QMB - end of month 60th pp  
5C SOBRA Woman full Caid+Care - end of month 60th pp  
5D SOBRA Child-SLIMB No\$ full Caid/Care coins/deduc C  
5E CHIP Kids SOBRA - full Medicaid  
5F DYS CHIP Kids SOBRA - full Medicaid  
5G DYS-SOBRA Only-County 69-No\$-SOBRA Cert-full Caid  
5H DYS-SOBRA-No Money (County 69)-full Medicaid with  
5J DYS-SOBRA-SLIMB-No\$-Cnty 69-full Caid/Care coins/d  
5K SOBRA-Cont Eligible-full Medicaid coverage  
5L SOBRA-Cont Eligible-full Medicaid coverage w/ QMB  
5M SOBRA-Cont Elig-SLIMB-full Caid/Care coins/deduc C  
5N SOBRA-CHIP-Continued Eligible-full Medicaid covera  
61 Refugee Child-DHR-full Medicaid coverage  
62 Refugee Child-Cont Elig-No\$-DHR- full Medicaid cov  
63 Refugee Adult-DHR-full Medicaid coverage  
71 Foster Care Kids-DHR-full Medicaid coverage  
72 Foster Care Kids(State Adopt Asst)-DHR-full Caid c  
73 Foster Care Kids(Federal Adopt Asst)-DHR-full Caid  
74 Foster Care Kids-Cont Elig-No\$-DHR-full Caid cover  
75 Foster Care Kids-DHR-full Caid w/ QMB  
76 Foster Care Kids(State Adpt Ast)-DHR-full Caid QMB

77 Former Foster Adult Full Medicaid  
78 Former Foster Adult Full Medicaid w/ QMB  
79 Former Foster Adult Full Medicaid w/ SLMB  
7Q Foster Care Kids(Fed Adpt Ast)-DHR-full Caid w/QMB  
81 Foster Care Kids(State Opt)-DHR-full Caid coverage  
82 DYS Foster Children-full Medicaid coverage  
83 DHR-Foster Care-Cont Elig-No\$-full Caid coverage  
84 DYS-Foster Care-Cont Elig-No\$-full Caid coverage  
86 Foster Care Kids(State Opt)-DHR-full Caid w/ QMB  
91 D.O. Newborns of SSI Women-No\$-full Caid coverage  
92 D.O. SLIMB Only-No\$-No Caid coverage  
93 DO Qualified Individual(QI1)-No\$-No Caid coverage  
94 DO Qualified Individual(QI2)-No\$-No Caid coverage  
95 D.O. QMB Only-No Money-QMB only  
96 Special (ExParte) QMB Only-No Money  
97 Qualified Disabled Working Individis-Caid Part A Pr  
BA Not Used  
BN Not Used  
BQ Not Used  
EC SOBRA Child Emergency Services Only  
ED DYS Child Emergency Services Only  
EK CHIP Kids SOBRA Emergency Services Only  
EP MLIF Adult Emergency Services Only  
EY DYS CHIP Kids SOBRA Emergency Services Only  
KH Kick Payment High Risk  
KL Kick Payment Low Risk  
PB Presumpt Elig Breast and Cervical CA w/ full Caid  
PC Presumptive Elig Child Full Medicaid  
PP Presumptive Elig Caretaker Full Medicaid  
PW Presumptive Elig Preg Woman ambulatory walkin Only  
R0 Payee Only-No Medicaid coverage  
R1 Retro-Full Eligible-full Medicaid coverage  
R2 Retro-QMB Only-No Money  
R3 Retro-full Medicaid with QMB Plus  
R4 Retro SOBRA Wmn Full Caid - end month 60th pp  
R5 Retro S/Wn full Caid+QMB - end month 60th pp  
R6 RetrPrg NnCtzn Emrg Srv + Delv - end month 60th pp  
R7 Retro for Technology Assisted Waiver TT or TL  
R8 Retro for Technology Assisted Waiver TQ  
R9 Full Medicaid with SLMB  
SL DO- Disabled Individual+SLMB-full Caid/Care coins/  
SQ DO- Disabled Individual with QMB plus \*  
SS DO-Disabled Individual-full Medicaid \*  
TL TA Wavr-SLMB-full Caid/Care coins/ded Caid cov svc  
TQ TA Wavr-full Caid w/ QMB+w/ private duty nursing  
TT TA Wavr-full Caid coverage w/ private duty nursing

## B. Benefit Plans

Please note: Not all of these benefit plans are ones that are eligible for RCO assignment but, because the 834 will contain two years of eligibility history, it is possible that some of the following may be received in the 834. Therefore a comprehensive list has been provided.

CDE_PGM_HEALTH	DSC_PGM_HEALTH
TXIX	Full Medicaid
XIXQ	Full Medicaid + Medicare Premium/Deductible/Copay
TAWV	Full Medicaid w/ Private Duty Nursing
QONLY	Medicaid pays Medicare Premium/Deductible/Copay
SBRW	Full Mcaid/ pregnancy through postpartum
ESDLV	Emerg only - pregnancy, Delivery, postpartum
PLNF	Family planning only
SONLY	Medicaid pays Medicare Part B premium
QI1	Medicaid pays Medicare Part B premium
QI2	QI2
QDWI	Medicaid pays Medicare Part A premium
EMERG	Emergency Services for Non-Citizens
PEPW	Presumptive Elig Preg Woman Ambulatory walkin Only

## C. 834 County Codes

Please note: Not all of these counties are ones that are eligible for RCO assignment but, because the 834 will contain two years of eligibility history, it is possible that some of the following may be received in the 834. Therefore, a comprehensive list has been provided.

**NOTE:** There are additional county values for providers that are not applicable to recipients.

CDE_COUNTY	DSC_COUNTY
01	Autauga
02	Baldwin
03	Barbour
04	Bibb
05	Blount
06	Bullock
07	Butler
08	Calhoun
09	Chambers
10	Cherokee
11	Chilton
12	Choctaw
13	Clarke
14	Clay
15	Cleburne
16	Coffee
17	Colbert
18	Conecuh
19	Coosa
20	Covington
21	Crenshaw
22	Cullman
23	Dale
24	Dallas

25	Dekalb
26	Elmore
27	Escambia
28	Etowah
29	Fayette
30	Franklin
31	Geneva
32	Greene
33	Hale
34	Henry
35	Houston
36	Jackson
37	Jefferson
38	Lamar
39	Lauderdale
40	Lawrence
41	Lee
42	Limestone
43	Lowndes
44	Macon
45	Madison
46	Marengo
47	Marion
48	Marshall
49	Mobile
50	Monroe
51	Montgomery
52	Morgan
53	Perry
54	Pickens
55	Pike
56	Randolph
57	Russell
58	St. Clair
59	Shelby
60	Sumter
61	Talladega
62	Tallapoosa
63	Tuscaloosa
64	Walker
65	Washington
66	Wilcox
67	Winston
69	Youth Svcs
99	Other States

**D. 834 Special Conditions**

CDE_SPEC_COND	DSC_SPEC_COND
R01	Recipient Risk Level 1
R02	Recipient Risk Level 2
R03	Recipient Risk Level 3
R04	Recipient Risk Level 4
R05	Recipient Risk Level 5
NAO	Native American - Opt In
ACO	EXR - Aid Cat - Opt Out
CPA	RCO Choice Period - District A
CPB	RCO Choice Period - District B
CPC	RCO Choice Period - District C
CPD	RCO Choice Period - District D
CPE	RCO Choice Period - District E
LPA	Lockin Period - District A
LPB	Lockin Period - District B
LPC	Lockin Period - District C
LPD	Lockin Period - District C
LPE	Lockin Period - District E
R1U	EXR – Urban – Opt Out
ARE	EXR - Agency RCO Exclusion
SFC	EXR - State Foster Care
RTF	EXR - Residential Treatment Facility

**E. 834 LTC / Waivers**

NOTE: This information was included in the 834 primarily for the RCO’s benefit, however it will be present on the Enrollment Broker 834 when applicable to the recipient.

CDE\_PGM\_HEALTH DSC\_PGM\_HEALTH

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EDWV	Elderly and Disabled Waiver
SLWV	HCBS - SAIL
IDWV	HCBS Intellectual Disability Wvr
LHWV	HCBS - Living at Home
HAWV	HCBS - HA Waiver
ICFID	ICF/IID
SNF	Skilled Nursing Facility
PEC	Post Extended Hospital
PIC	Hospice
ACWR	AL Community Transition ACT Waivr

PAC	PACE
NHV	Nursing Home Ventilator
MEPD	Med Emergency Psych Demonstration

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